

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

87913136

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51		/			
2		/					52		/	/		
3		/					53		/			
4		/					54		/	/		
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12		/					62					
13		/					63					
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41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50	/	/					100					
TOTAL IND.	↓		↓		↓		TOTAL IND.	2	↓		↓	
TOTAL DEP.							TOTAL DEP.	52				↓
TOTAL CLAIMS							TOTAL CLAIMS	54				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS